| ASS. REC. BY:                                | 23000275/Kg  |
|--|--|
|  | SSIGNMENT  |
| From: Dale:                                  | 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| Estimated Cost:                              | Type: ACCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   |
| OD VIP WS / TP RES / OD RES / EVA / INV / MV | -  -   |
| To Inspect Vehicle No:                       | Make: BMW 3161 cc 1598   |
| at Workshop m/s Bi frey                      | Colour M.W.L.Z AC: Insured / Std / HI / NA   |
| of   | Sp.Reading /93/60 T/Radio: Insured / Std / N1 / NA   |
| Insured                                      | Eng/No:  |
| Policy No.                                   | CNO: WBA 3A 16050NP 99443  |
| Claims No.                                   | Gen. Cond: Good / Fair / Poor / Burnt  |
| Sum Insured: Excess:                         | Sleering: Inorder / Jammed / Leaked / Burnt or   |
| (Client's Record)                            | Brake: Ingrider / Jammed / Leaked / Burnt or   |
| Make of Veh:                                 | Modi: NII / S/Rim / STP/A/Rim or   |
|  | Tyre Stze: F:  |
| (Policy Condition)                           | R: 225/50R17   |
| Permark: The veh had commenced its N/S O/S   | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU /PR / SUMI /  |
| repair at the time of inspection.            | TOYO/YOKO or   |
| Bal. or Market Value: \$58//                 |  |
| IDAC Accident Rport: Consistent? : Yes or No | R/Rel  |
| GIA / PR Seen: Consistent?: Yes or No        | The state of the s |
| Est Repairs: 02 days Res.: Yes or No         | min ood.   |
| Lum Sum: 20 % 3 Val.: Yes or No              |  |
|  | Survey held at   |
| CA / REV / REP. / 24 HRS                     | Des. of Damages : Frt   Rear   O/S   N/S   U/C   Rooftop or  |
| Date:Person Contacted: Vehicle: IN / OUT     |  |
| Date / Time Action / Instruction             | The U/C / Chassis frame / Body Structure affected due to collision.  |
| /  |  |
|  |  |
|  |  |
| 4  | ,  |
| Re   |  |
| Luc  |  |
|  |  |
|  |  |
| Onto/Time, File Pass to?                     |  |
|  | ays Of Repair:   |
| : Final Report                               | ASILONOV No. of T.I.   |
| Cuta/Time, File Return to?                   |  |
| Add Fee:                                     | : Site Insp (\$  |
| <i>i</i> .                                   | 1-5-18-9   |
| Report Format :                              | : Interview (\$  |
| ump Sum / I.B.I: (S                          | Tech Invs (\$ ) Office   |
| Sinp Sull 1 LD.1; (3                         | Weekend (\$  |
|  |  |
|  | 10%  |

## **BIFROST AUTO PTE LTD**

### REPAIR ESTIMATE

|       | -   |
|-------|-----|
| <br>Δ | , P |
|       |     |

10-Dec-22

MODEL:

**BMW** 

**VEHICLE NO.:** 

**SLV 4517 S** 

INSURANCE: MSIG

| DESCRIPTION  | QTY | UNIT PRICE | NETT PRICE          |
|--|-----|------------|---------------------|
| REAR BUMPER  | 1   | Bria       | \$1,384.55          |
| REAR BUMPER REINFROCEMENT  | 1   |            | /L \$577.45         |
| REAR BUMPER LOWER GARNISH  | 1   |            | <b>/</b> ∽ \$189.56 |
| REAR BUMPER SENSOR   | 2   | \$285.55   | £ \$571.10          |
| Communication of the Communica |     |            |                     |
|  |     |            |                     |
| SUB TOTAL  |     |            | \$2,722.66          |
| LESS 0%  |     |            |                     |
| DISCOUNTED TOTAL   |     |            |                     |
| SUB TOTAL  |     |            | \$0.00              |
|  |     |            |                     |
| abour Charge   |     |            |                     |
| anel Beating   | 1   | \$300.00   | \$300.00            |
| eck rear wring & replace sensor  | 1   | \$80.00    | \$80.00             |
| ray Painting Charge  | 1   | \$400.00   | \$400.000           |
| TAL LABOUR   |     |            | \$780.00            |
| TIMATE TOTAL   |     |            | \$3,502.6           |

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Not Notheries 1/Ly & Penny Ath King

LKK Auto Consultants Mence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

3 unature:

Daie:

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

IMPORTOR TO THE PROPERTY OF TH

3. Information provided that the policy fiability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for Investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **ACCIDENT STATEMENT**

**Date of Submission** Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/12/2022 11:47 (SGT) Both 10/12/2022 14:00 (SGT) Near 132 Alexandra Rd, Singapore ALONG ALEXANDRA ROAD @CROSS JUNCTION Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLV4517S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No Nο

LOU SWEE KING SXXXX651Z

JASMINELOU.KFCPH@GMAIL.COM (Phone) +65-91185918

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

**BMW** 

316

Private use

No - Claiming third party

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5097741999-04

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

**MOK WAI MENG** SXXXX447B 11/02/1961 -Indoor



#### IMPORTANT NOTICE

## SKETCH PLAN

- Please report <u>correctly</u> the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Traffic Police Department for investigation. 5. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of
- Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties. 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the 'Personal Information') and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRI¢/ID card) QUEK ZIXIANG

